MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10146

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 507 4th Street

3. NAME OF DECEASED (Type or Print): (First) Victor H. (Middle) (Last) Anderson

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-4-92

9. AGE last birthday: 58 yrs. — If under 1 year: Months 5 Days 25 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Winchester, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary sclerosis, severe	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial hypertrophy	
	(b) Pulmonary disease - emphysema and pulmonary stasis	
	(c) Hypertrophy, right heart	

420.1
522

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION: -- — 19b. MAJOR FINDINGS OF OPERATION: -- — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ------ — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ------ — (CITY OR TOWN) ---------- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ------ m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? ----------

22. I hereby certify that I VA attended the deceased from Oct. 12, 1950, to Oct. 29, 1950, that I [illegible] the deceased, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE: E.P. Brannon, M.D. (Degree or title) — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: October 10-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11-1-50 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery Ft. Myer, Virginia — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10-30-50 11-1-50 — REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg. — 24. FUNERAL DIRECTOR AND ADDRESS: Pennington & Son, Havre de Grace, Md.

XVX99

RECEIVED
NOV 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10147

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) May (Last) Bailey
4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-5-1913
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clarence Elliott
14. MOTHER'S MAIDEN NAME Mary Chatermik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bennie Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

95c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) M.D. ADDRESS Rising Sun Md DATE SIGNED 10/25-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 29 1950 NAME OF CEMETERY OR CREMATORY Cecilton Cem. LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REG. Oct 29/1950 REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10148

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~BALTIMORE~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT — LENGTH OF STAY (in this place) 11 mo. 13 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location) 602 Walker Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) C.	(Last) BIGGER	4. DATE OF DEATH	(Month) October (Day) 17, (Year) 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) MARRIED	8. DATE OF BIRTH 6-28-78	9. AGE last birthday 72 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (State or foreign country) Pittsburgh, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS HOSPITAL RECORDS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 X Immediate cause (a) Lobar pneumonia, left lower lobe.. — 2 Weeks

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis, marked.

(c) Arteriosclerosis, generalized, moderate

Prostatic hypertrophy, benign

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --	(CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that VA attended the deceased from 11-4-, 1949, to 10-17, 1950, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. Oct. 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	DATE THEREOF 10-18-50	NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. Oct. 18, 1950	REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.	24. FUNERAL DIRECTOR TICKNER & SONS, INC., North & Penn. Aves., Baltimore, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10149

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2127 California Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) P. (Last) BONES, Jr.

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Sept. 1, 1910

9. AGE last birthday: 40 yrs. If under 1 year: Months 1 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS P. BONES, Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Subarachnoid hemorrhage, left occipito parietal region.	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of Liver, Severe	Unknown
	(c) Bronchopneumonia, left lower lobe.	Unknown

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II

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN): ---
(COUNTY):
(STATE):

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I/VA attended the deceased from Oct. 5, 1950, to Oct. 21, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~on the~~, and that death occurred at 6:35 A.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) M.D., Chief, Professional Services, VAH, Perry Point, Md. ADDRESS: October 21, 1950 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE THEREOF: 10-21-50
NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Oct 21, 1950
REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR: Clark Chambers
ADDRESS: 7357 Wisconsin Avenue, Bethesda Md.
ROBERT A. PUMPHREY FUNERAL HOME, Washington, D.C.

RECEIVED
OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10150

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Howard St.	STREET ADDRESS (If rural, give location) 209 Howard St.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Harry	(Last) Buckworth	4. DATE OF DEATH	(Month) Oct. 2 (Day) 50 (Year) 19
5. SEX M.	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 29, 1868	9. AGE last birthday 82 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Retd Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Cecil Co. Md.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Thomas Buckworth	14. MOTHER'S MAIDEN NAME Sarah Haines				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Helen Buckworth			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
433.1 Immediate cause	(a) Coronary thrombosis	20 minutes
Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular fibrillation, intermittent	1 year
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Cardiac - Vascular Disease	Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to October 2, 1950, that I last saw the deceased alive on October 2, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Ralph Andrews, Jr.	M.D.	Elkton, Maryland	10/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Oct. 5/50	NAME OF CEMETERY OR CREMATORY Bethel	LOCATION (City, town, or county) (State) Mr Chesapeake City, Md.
DATE REC'D BY LOCAL REG. Oct 5	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H W Pippin & Son	ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10151

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
MARYLAND
LENGTH OF STAY (in this place) 5yrs5mos20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE GEORGIA
COUNTY FULTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ATLANTA
STREET ADDRESS (If rural, give location) 394 McDonogh Blvd., SE.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LEROY	F.	BUTLER		October	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	DIVORCED	6-19-93	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Georgia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES	WW-I	410 69 092	Hospital Records Veterans Administration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	5½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from May 9, ..., 19 45, to Oct. 29, ..., 19 50 [illegible] and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

WILLY DORNER, M.D. Acting Chief, Professional Services, VAH., Perry Point, Md. 10-30-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	10-30-50		Bremon, Georgia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 30-1950	Ida M. Daugherty act Reg.	PENNINGTON & SON, HAVRE DE GRACE, MD.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 2 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10152

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Church St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
STREET ADDRESS (If rural give location) 100 Church St

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) J. (Last) Caldwell

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1950

5. SEX: M. 6. COLOR OR RACE: Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: Jan 1870 9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Mill worker 10b. KIND OF BUSINESS OR INDUSTRY: Pulp mill 11. BIRTHPLACE (State or foreign country): Elkton 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Milton Caldwell 14. MOTHER'S MAIDEN NAME: Elizabeth Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT: Mrs Richie Caldwell. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation — 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
592X (b) Chronic Endocarditis
131a (c) Chronic Interstitial Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1925, to Oct 23, 1950, that I last saw the deceased alive on Oct 22, 1950, and that death occurred at 130 A. m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED Oct 24-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Oct 26/50 NAME OF CEMETERY OR CREMATORY Elkton LOCATION (City, town, or county) (State) Elkton Md

DATE REC'D BY LOCAL REG. Oct 26 REGISTRAR'S SIGNATURE F R Frazer 24. FUNERAL DIRECTOR H W Rippon & Son ADDRESS Elkton, Md

496 11

RECEIVED
OCT 30 1950
BUREAU U.S.

10153

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: CECIL — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md. — LENGTH OF STAY (in this place): 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: V. A. Hospital	STREET ADDRESS (If rural, give location): 1333 - 10th St., N. W.

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) M.	(Last) CLARK	4. DATE OF DEATH	(Month) 10	(Day) 5	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH: 2-27-97	9. AGE last birthday: 53 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Henry Clark	14. MOTHER'S MAIDEN NAME: Mary Williams						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes, give war or dates of service): WW-I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
023X Immediate cause	(a) Uremia - uremic poisoning due to syphilis, tertiary, cardiovascular and syphilis, tertiary, of the central nervous system.	Two Weeks
30C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --	(CITY OR TOWN): --	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --		

22. I hereby certify that VA attended the deceased from 9-18, 1950, to 10-5-, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXXXX 19XX~~, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) ADDRESS: E.P.BRANNON, Chief Professional Services, VAH, Perry Point, Md. DATE SIGNED: October 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL	DATE THEREOF: 10-5-50	NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetery	LOCATION (City, town, or county) (State): Ft. Myer, Va.
DATE REC'D BY LOCAL REG.: October 5, 1950	REGISTRAR'S SIGNATURE: Ida M. Daugherty act. Reg.	24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9 1950
BUREAU V. S

Evidence for change in #9 as shown in:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10154

CERTIFICATE OF DEATH

FILM No. G 1 28 OCT 27 1950

Reg. Dist. No. 95

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colora, Rural
LENGTH OF STAY (in this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colora, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Addie (Middle) Krauss (Last) Clayton
4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 14, 1861
9. AGE last birthday: 89 ~~88~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired. Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Colora, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Krauss
14. MOTHER'S MAIDEN NAME: Annie REED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Verna Grason Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Accident

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1950, to 10-20 1950 that I last saw the deceased alive on 10-19, 1950 and that death occurred at 9.45 P m., from the causes and on the date stated above.

SIGNATURE: R C Dodson (Degree or title) Jr. — ADDRESS: Rising Sun Md — DATE SIGNED: 10/21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 24, 1950 — NAME OF CEMETERY OR CREMATORY: Brookview Cem. — LOCATION (City, town, or county) (State): Rising Sun, Md.

DATE REC'D BY LOCAL REG.: Oct 23 1950 — REGISTRAR'S SIGNATURE: L M Worthington
24. FUNERAL DIRECTOR: J. E. Tyson — ADDRESS: Rising Sun. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1950
BUREAU V. S

#8. Evidence is shown on Film G128 10/30/50 JST.
& Birth Record.
#9/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1-0155

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 2 Mos 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural, give location): 8830 Victory Avenue

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle) WILLIAM	(Last) COMES	4. DATE OF DEATH	(Month) October	(Day) 21	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 12-9-~~86~~ 1887	9. AGE last birthday: 62 ~~63~~ yrs.	If under 1 year: Months 10 Days 12	If under 24 hrs.: Hours Mfn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Joseph Comes	14. MOTHER'S MAIDEN NAME: Mary Rebecca Goss						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	Unknown
611 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hepatitis	Unknown
125b	(c) Prostatic Abscess	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) ---	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ---		

22. I hereby certify that I/VA attended the deceased from Aug. 16, 1950, to Oct. 21, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. October 21, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE THEREOF: 10-21-50	NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL St. Joseph's Cemetery	LOCATION (City, town, or county) (State): Baltimore Co. Balt. Maryland 10-21-50
DATE REC'D BY LOCAL REG.: Oct. 21, 1950	REGISTRAR'S SIGNATURE: Ida M. Daugherty act. Reg.	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: Lassahn Funeral Home 7401 Belair Rd. Balt. 6 Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 25 1950
BUREAU U. S.

Remov

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10156

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 Mos. 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural, give location) 2217 University Lane

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) J. (Last) CORRADO
4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-8-22
9. AGE last birthday 28 yrs. If under 1 year Months 7 Days 0 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis N. Corrado
14. MOTHER'S MAIDEN NAME Mary F. Buono

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Insulin Shock Therapy

300.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dementia Praecox

83a Hemorrhage, ventricular, bilateral

(c) Hepatic renal syndrome

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE Dr. Kell Dockson (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 10-8-50

23. BURIAL, CREMATION REMOVAL (Specify) ~~Removal~~ Burial
DATE THEREOF 10-8-50
NAME OF CEMETERY OR CREMATORY St. Mary's Catholic
LOCATION (City, town, or county) (State) DC 2121 Lincoln Rd NE Washington

DATE REC'D BY LOCAL REG. Oct 8, 1950
REGISTRAR'S SIGNATURE Ida M. Daugherty
24. FUNERAL DIRECTOR THE S.H. HINES COMPANY ADDRESS 2901 14th St. NW Washington, D.C.

Act Reg.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 11 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

10157

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON; LENGTH OF STAY (In this place) 4 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RURAL; STREET ADDRESS (If rural, give location) CHESAPEAKE -

3. NAME OF DECEASED (Type or Print): (First) Rhoda (Middle) Mae (Last) Craig

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-27-1888

9. AGE last birthday: 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): NORTH EAST Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Asbury Wilson

14. MOTHER'S MAIDEN NAME: - Biddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS: Elwood Craig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of uterus

(c)

174X

480

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1950, to 10/10, 1950, that I last saw the deceased alive on 10/9, 1950, and that death occurred at 4 25 A m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED Oct 11-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10-14-50 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. Oct 13 | REGISTRAR'S SIGNATURE F H Frazer | 24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

RECEIVED
OCT 18 1950
BUREAU V. S.

10158

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 25 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union · Hosp.	STREET ADDRESS (If rural give location): Muddy Lane RD 3

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) C. (Last) Curry

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M.	Wh	Widowed	Mar. 24 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Former (owner)	Farm	Penna	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Curry	Hester Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		John Curry Elkton RD 3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	Unknown
450.0 Antecedent cause(s)	(b)	Gastro Intestinal Hemorrhage	1/2 hr.
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left Ventricular Failure - Decompensated

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10 Oct, 1950, to 14 Oct, 1950, that I last saw the deceased alive on 14 Oct, 1950, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George J Krein	Jr MD	Elkton, Md	10-19-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 19/50	Elkton	Elkton, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 19	F R Frazer	H W Pippen & Son	Elkton, Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20 1960

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10159

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Earleville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) AMANDUS (Middle) BURR (Last) DARBY

4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 2, 1862
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander Darby
14. MOTHER'S MAIDEN NAME Eliza Lafand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Hilda Darby, Cecilton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Fracture left hip - fell	11 days
Antecedent cause(s)		down one flight of stairs	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
	(c)	Chronic myocarditis	10 years.

900.0
186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Cecilton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) Oct (Day) 11 (Year) 1950 (Hour) 7:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell down one flight of stairs.

22. I hereby certify that I attended the deceased from Oct 11, 195, to Oct 22, 1950, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE Allan R. Crouchley (Degree or title) M.D. ADDRESS Middletown, Del DATE SIGNED 10-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 25 1950
NAME OF CEMETERY OR CREMATORY St. Stephens
LOCATION (City, town, or county) Earleville (State) Md.

DATE REC'D BY LOCAL REG. Oct 25
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edward Fellows, Millington, Md. ADDRESS

RECEIVED
OCT 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10160

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 141 W. High St	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) 141 W. High St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARION	ROMAINE	DEVINE	10	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Wh	Single	Nov. 1, 1904	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General worker	Dupont Company	Cecil Co Md.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Devine	Emmitta Van Sant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	221-01-3411	Alice D. Hillman 141 W. High St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized (metastatic) Carcinomatosis	5 mos
171X Antecedent cause(s)		
480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Cervix	2 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Oct 24, 1950, that I last saw the deceased alive on Oct 23, 1950, and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George K Lucas	M.D.	Elkton, Md	10-25-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 27/50	Elkton,	Elkton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 26	H R Frazer	H W Rappin & Son	Elkton, Md

26617

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OCT 30 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10161

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
STREET ADDRESS (If rural, give location) 106 Milburn

3. NAME OF DECEASED (Type or Print) (First) JACQUELINE (Middle) ANN (Last) GREEN
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1950

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-20-48
9. AGE last birthday 22 mo If under 1 year Months Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elston Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert Smith
14. MOTHER'S MAIDEN NAME Bessie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Bessie Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
080.0 Immediate cause	(a) Bulbar Poliomyelitis	
36 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 10-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 18-1950
NAME OF CEMETERY OR CREMATORY Prov. Cemetery
LOCATION (City, town, or county) Elkton Md. (State)
DATE REC'D BY LOCAL REG. Oct 17
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edw R Bell ADDRESS Wil. Dela

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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OCT 20 1980

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10162

CERTIFICATE OF DEATH

Reg. Dist. No. 9Y

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. | LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS E Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Md
STREET ADDRESS (If rural, give location) E Main St

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) D (Last) HANEY

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1950

5. SEX: F. | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Apr. 9 1869 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Wilmington, Del | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hughes | 14. MOTHER'S MAIDEN NAME: Bridget McGovern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: George F Haney 29 S. Cleveland Ave Wilmington, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Endocarditis	
	(c) Carcinoma of breast with general metastasis	1 year

170x
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 25, to 10/6, 1950, that I last saw the deceased alive on 10/5, 1950, and that death occurred at 3 50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert Bates M.D. Elkton Md Oct 6-1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct 9/50 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) (State) Wilmington Del

DATE REC'D BY LOCAL REG. Oct 7 | REGISTRAR'S SIGNATURE E R Frazer | 24. FUNERAL DIRECTOR ADDRESS H Hutchinson & Son Elkton, Md.

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OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10163

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS 618 E 22 St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	FRANKLIN	HENRY	10	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Wh.	Single	10-13-1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper Maker	Making Paper	Hoffmanville Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William John Henry	Henrietta Bubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes World I	180-10-7374	LeRoy Henry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819.5 **Immediate cause** (a) Cleaved Body.

170C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 1.	(CITY OR TOWN) Rising Sun RD	(COUNTY) Cecil	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
10	30	50	3:45 p.m.			Collision & Car burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr R L Dodson	D M E	Rising Sun Md	10-30-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 2 1950	Mt Olivet	Hanover, York County Pa.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 31-50	L M Worthington	J. Earl Tyson	Rising Sun, Md.

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NOV 12 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10164

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 7yr.4mo.19da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans AdministrationHospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 1413 West Lanvale Street ✓

3. NAME OF DECEASED (Type or Print): (First) SIDNEY (Middle) (Last) KNOCK
4. DATE OF DEATH: (Month) 10 - (Day) 23- (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED
8. DATE OF BIRTH: 2-9-96
9. AGE last birthday: 54-8-14; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Knox, deceased
14. MOTHER'S MAIDEN NAME: Mary Drum, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, right due to myocardial fibrosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
422.1 / 107	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN): --
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that VA X attended the deceased from 6-4- , 1943, to 10-23, 1950, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE: E.P. Brannon (Degree or title) M.D., Chief Professional Services V.A.Hospital, Perry Point, Md. ADDRESS 10-24-50 DATE SIGNED

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): REMOVAL
DATE THEREOF: 10/24/50
NAME OF CEMETERY OR ~~CREMATORY~~: Arbutus Memorial Park
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10/24/50
REGISTRAR'S SIGNATURE: Ida M. Daugherty Act. Reg.
24. FUNERAL DIRECTOR: Thomas E. Kelson, Geo. E. Kelson ADDRESS: 1303 Presstman St., Baltimore, Md.

RECEIVED
OCT 26 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10165

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Leonard (Last) Krauss

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 17 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Leonard Krauss

14. MOTHER'S MAIDEN NAME: Martha A. Wicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hoeard P. Krauss Elkton Rd 5 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
442X	Immediate cause	(a) Uremia	1 day
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis general	
		(c) Cardio vascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1950, to Oct 16, 1950, that I last saw the deceased alive on Oct 15, 1950, and that death occurred at 6 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Herbert Boles M.D. ADDRESS Elkton Md DATE SIGNED Oct 16. 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: October 19, 1950 | NAME OF CEMETERY OR CREMATORY: Union Methodist | LOCATION (City, town, or county) (State): Elkton Rural Md

DATE REC'D BY LOCAL REG. Oct 18 | REGISTRAR'S SIGNATURE H R Frazer | 24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: NorthEast, Maryland

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OCT 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10166

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (In this place) 2½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) K. (Last) Little Jr.
4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 1950
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 12-10-1942.
9. AGE last birthday 7 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Havre de Grace Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John K. Little Sr.
14. MOTHER'S MAIDEN NAME Betty Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Betty Little

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lacerated Liver

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal Hemmorrhage

170c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 7.
(CITY OR TOWN) North East RD (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 31 (Year) 50 (Hour) 3:10 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran in front of car & was hit.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 10-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 3 1950
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Elkton Rural (State) Md
DATE REC'D BY LOCAL REG. Nov 3
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 6 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10167

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
STREET ADDRESS (If rural, give location) 131 Milburn

3. NAME OF DECEASED (Type or Print) (First) REBECCA (Middle) (Last) LOGAN
4. DATE OF DEATH (Month) 10 (Day) 15 (Year) 1950

5. SEX F.
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 1845
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Givens Bryd.
14. MOTHER'S MAIDEN NAME Elizabeth Bryd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Robert Logan.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R le Dodson (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 10-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/20/50
NAME OF CEMETERY OR CREMATORY Providence Cemetry
LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. Oct 20
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edw R Bell ADDRESS 909 Poplar St.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M I T

RECEIVED
OCT 23 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10168

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil / MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. Md. | LENGTH OF STAY (in this place) 27 HOURS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. Md.
STREET ADDRESS (If rural, give location) 124 Milbourn St.

3. NAME OF DECEASED (Type or Print): (First) Viola (Middle) (Last) Matthews.
4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 9-27-1885
9. AGE last birthday: 65 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Day work
11. BIRTHPLACE (State or foreign country): Elkton. Md.
12. CITIZEN OF WHAT COUNTRY? Cecil.

13. FATHER'S NAME: James E Braywood.
14. MOTHER'S MAIDEN NAME: Mary Addie Harris.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: James Matthews 124 Milburn St. - Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction — Interval Between Onset and Death: 48 hrs.

570.5 Antecedent cause(s)

1220 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Large bowel (Transverse Colon)

(c) Suggestive of neoplasm.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 20, 1950
19b. MAJOR FINDINGS OF OPERATION: Obstruction w transverse colon - & dilated intestine
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 19, 1950 to Oct. 20, 1950, that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milford H. Sprecher, M.D. Elkton, Md. Oct 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 10/24/50
NAME OF CEMETERY OR CREMATORY: Providence Cem.
LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG. Oct 24
REGISTRAR'S SIGNATURE: E R Frazer
24. FUNERAL DIRECTOR: Edw R Bell
ADDRESS: 909 Poplar St.

52086

RECEIVED
OCT 26 1950
BUREAU V. S

10169

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton LENGTH OF STAY (In this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeak City
STREET ADDRESS (If rural, give location) Bethel Road.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) HERMAN (Last) MAY
4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-13-1913
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto.
11. BIRTHPLACE (State or foreign country) Elizabethton, Tenn.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME Riley A. May.
14. MOTHER'S MAIDEN NAME Louise Barlow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. May. (Brother)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Penetrating Bullet wound

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of fore head mid line.

(c) Cerebral Hemmorhage.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home. (CITY OR TOWN) Chesapeak City (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 8 (Year) 50 (Hour) 11:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with 22 rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE Dr Rle Dockson (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 10-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial
DATE THEREOF Oct 12/1950
NAME OF CEMETERY OR CREMATORY Mountain City
LOCATION (City, town, or county) Mountain City (State) Tenn

DATE REC'D BY LOCAL REG. Oct 9
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Kipper & Son ADDRESS Elkton, Md.

33284

M

Informant - Fred May, Newport, Del.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10170

CERTIFICATE OF DEATH

Reg. Dist. No. 16

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit; LENGTH OF STAY (in this place): 45 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 136 North Main St.	STREET ADDRESS (If rural, give location): 136 North Main St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Ellen		Meng		Oct.	26,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	8-2- 1868	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Ireland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gabriel Leith	Susanna Acheson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Florence E. Meng, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio - Sclerosis	10 yrs
4/22.1 Antecedent cause(s) 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Myocarditis	10 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 20, 1950, to Oct 25, 1950, that I last saw the deceased alive on Oct 25, 1950, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. F. Benson	M.D.	Port Deposit, Md	10-26-1950

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-1950	Harmony Chapel	Rowlandsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1950	Ida M. Daugherty Act. Reg.	Lee A. Patterson & Son	Perryville, Md.

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OCT 30 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10171

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH· COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Elkton LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton, RD.	STREET ADDRESS (If rural give location) Elkton RD.

3. NAME OF DECEASED (Type or Print) (First) Anna	(Middle) M	(Last) Moore	4. DATE OF DEATH (Month) Oct.	(Day) 13	(Year) 1950
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 1, 1860	9. AGE last birthday 90 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Elkton, Md.		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME James Moore			14. MOTHER'S MAIDEN NAME Maggie Sowers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mr. James Moore, Mackel St Elkton Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	4 days
	(c) Cardio vascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to Oct 13, 1950, that I last saw the deceased alive on Oct 12, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Herbert Bates	M D	Elkton Md	Oct 13. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Oct. 16/50	NAME OF CEMETERY OR CREMATORY Elkton, Md.	LOCATION (City, town, or county) (State) Elkton, Md.
DATE REC'D BY LOCAL REG. Oct 13	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H W Pippin & Son	ADDRESS Elkton, Md.

RECEIVED
OCT 18 1950
BUREAU OF S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10172

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 76 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Cecil Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARION (Middle) LETITIA (Last) REEDER

4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1950

5. SEX Femal

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jan 18 1874

9. AGE last birthday 76 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Rising Sun Cecil Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Maurice C. Reeder

14. MOTHER'S MAIDEN NAME Margaret Elizabeth Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS William Reeder, Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Cancer of Liver

46P Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dropsy.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1950, to 10-6, 1950, that I last saw the deceased alive on 10-6, 1950, and that death occurred at 345P m., from the causes and on the date stated above.

SIGNATURE R L Dodson (Degree or title) MD ADDRESS Rising Sun Md. DATE SIGNED 10/7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct 11 1950

NAME OF CEMETERY OR CREMATORY West Nottingham

LOCATION (City, town, or county) Colora Cecil Co. (State) Md.

DATE REC'D BY LOCAL REG. Oct 7. 1950

REGISTRAR'S SIGNATURE L M Worthington

24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

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OCT 10 1950
BUREAU V. S

RECEIVED
OCT 10 1950
BUREAU V. S

Evidence for addition in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10173

FILM No. G 12 NOV 2 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Cecil CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton LENGTH OF STAY (In this place) Life HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Cecil CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Elkton. STREET ADDRESS (If rural give location) Elkton RD 4 Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Baby		Pepe	Oct 22 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Wh.		Oct 22 50	0 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None.	Elkton	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tony Pepe	Edna Horgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Premature Birth	1 hour
776X Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

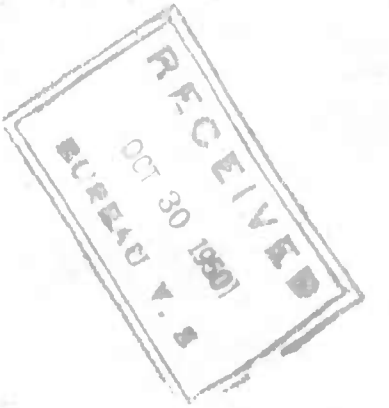
22. I hereby certify that I attended the deceased from Oct 22, 1950, to Oct 22, 1950, that I last saw the deceased alive on Oct 22, 1950, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jean Reynolds MD		Rd 2 Main St Elkton Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 26 50	Gilpin Manor Memorial Pk	Elkton, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 26	E R Frazer	H W Hepp & Son	Elkton Md

VS. A15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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

10174

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RD #1 North East
LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg.
STREET ADDRESS (If rural, give location) Forster

3. NAME OF DECEASED (Type or Print) (First) Alex (Middle) C (Last) Schwarz

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 18 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Budget Clerk Dept of Internal Affairs
10b. KIND OF BUSINESS OR INDUSTRY State of Penna.
11. BIRTHPLACE (State or foreign country) Phila Penna
12. CITIZEN OF WHAT COUNTRY? A. F. A

13. FATHER'S NAME Frederick Schwarz
14. MOTHER'S MAIDEN NAME Sophia M. Link

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Wm Swarz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Obesity	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Mitford H. Sprecher, M.D. (Degree or title) ADDRESS Elkton, Md DATE SIGNED Oct. 28, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Nov 1 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Phila. Phila (State) Pa.

DATE REC'D BY LOCAL REG. Oct 28, 1950
REGISTRAR'S SIGNATURE Sarah E Rothermel
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

26697

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10175

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit; MARYLAND; LENGTH OF STAY (in this place) 17 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Granite Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit; STREET ADDRESS (If rural, give location) 17 Granite Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	Upton	Shadney	10	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Widower	March 9, 1890	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Odd Jobs	Pittsburg, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Shadney	Nettie Wager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	218-03-4562	Nellie Webster

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Tubercular Rt hip.	
012.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Debility	
17b (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr R C Dodson	D M E	Rising Sun Md.	10-30-50

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-4-50	Cokesbury Cemetery	Cokesbury	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 4 '50	Ida M. Daugherty	Elmer E Bullock	556 Lewis St Havre de Grace Md.

act Reg. C

9879

RECEIVED
NOV 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10176

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: CECIL — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
   LENGTH OF STAY (in this place): 18yrs6mos4days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: ~~BALTIMORE~~
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
   STREET ADDRESS (If rural, give location): 1928 E. Pratt Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM T (Middle) THOMAS (Last) STANSBURY

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 3-15-94

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
    (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT AND ADDRESS: Hospital Records
    VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive cardiovascular disease with cardiac enlargement and auricular fibrillation	Unknown
443x Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular accident, probably hemorrhagic and embolus to left lower leg and pulmonary edema	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that VA I attended the deceased from April 22, 1932, to Oct. 26, 1950, ~~the date of death~~ and that death occurred at 12:50 pm., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (Degree or title): Chief, Professional Services, VAH., Perry Point, Md. (ADDRESS) DATE SIGNED: 10-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE: 11-3-50
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Nov 2, 1950
REGISTRAR'S SIGNATURE: Ida M. Daugherty
Act Reg.

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
NOV 6 1950
BUREAU OF S.

correct name
Wladimir Szewczenko

MARYLAND STATE DEPARTMENT OF HEALTH

10177

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural RD I
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) W. L. A DUNIR (Middle) (Last) SZEWCZENKO
4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH no information
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Poland.
12. CITIZEN OF WHAT COUNTRY? Poland.

13. FATHER'S NAME no information
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Peter Martinek Elkton R.D.M.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Penetrating Bullet wound.

976x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right temporal bone 1½ in Post of Rt eye

164C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) Home (CITY OR TOWN) Elkton RD I (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 4 (Year) 50 (Hour) 8:45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot with 22 Rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Dr Rle Dodson. (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 10-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Oct 10/50 NAME OF CEMETERY OR CREMATORY Gilpin Manor M Park LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. Oct 7 REGISTRAR'S SIGNATURE F R Frazer 24. FUNERAL DIRECTOR Hw Pippin & Son ADDRESS Elkton Md

266W

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10178

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 237 East Main St.

3. NAME OF DECEASED (Type or Print) (First) Leuilla (Middle) (Last) Talbott
4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-15-1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Emmanuel Bull
14. MOTHER'S MAIDEN NAME Martha Jane Tyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. G. A. Allender

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

900.0 Immediate cause (a) Pulmonary oedema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the neck of the left femur

186a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Home, Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 4 (Year) 50 (Hour) 6:35 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down stair steps at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R C Dockson, (Degree or title) DME
ADDRESS Rising Sun, Md.
DATE SIGNED 10-30-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-31-50
NAME OF CEMETERY OR CREMATORY Wiseburg,
LOCATION (City, town, or county) Balt. Co. (State) Md.

DATE REC'D BY LOCAL REG. Oct 30
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR John Mitchell & Son
ADDRESS 1800 Eutaw St Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10179

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) W (Last) TAYLOR.
4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-24-1863
9. AGE last birthday 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Funeral Direct
10b. KIND OF BUSINESS OR INDUSTRY Undertaker
11. BIRTHPLACE (State or foreign country) Lancaster Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Warden
14. MOTHER'S MAIDEN NAME Mary Jane Barnes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Warren Taylor.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.1

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1950, to 10-29, 1950, that I last saw the deceased alive on 10-20, 1950, and that death occurred at 730 P m., from the causes and on the date stated above.

SIGNATURE R C Dodson MD (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 10-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 2, 1950
NAME OF CEMETERY OR CREMATORY Brookview
LOCATION (City, town, or county) Rising Sun (State) Md.

DATE REC'D BY LOCAL REG. Oct 31-1950
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR Ralph M. Reed, ADDRESS Rising Sun Md

V6489

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1950
BUREAU Y. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10180

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 E High St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 200 E. High St

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) B. (Last) Titter

4. DATE OF DEATH (Month) Oct 16 (Day) (Year) 1950

5. SEX M.

6. COLOR OR RACE Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated

8. DATE OF BIRTH Sept. 27, 1889

9. AGE last birthday 61 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Carpenter.

11. BIRTHPLACE (State or foreign country) Chesapeake City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Titter

14. MOTHER'S MAIDEN NAME Mary Truss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Willard Lockerman Furnhurst, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral Hemorrhage	3 days
83a	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
		(c) Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Oct, 1950, to 16 Oct, 1950, that I last saw the deceased alive on 15 Oct, 1950, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE George J Kreis, Jr (Degree or title) MD ADDRESS Elkton Md DATE SIGNED 10-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Oct 20/50

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) Nr Chesapeake City, Md (State)

DATE REC'D BY LOCAL REG. Oct 19

REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

30809

RECEIVED
OCT 20 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10181

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aikin
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aikin
STREET ADDRESS (If rural, give location) Perryville, R.D.

3. NAME OF DECEASED (Type or Print) (First) Elmore (Middle) E. (Last) Watkins
4. DATE OF DEATH (Month) Oct (Day) 11, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-3-1864
9. AGE last birthday 86 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Caleb Watkins
14. MOTHER'S MAIDEN NAME Mary L. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS M rs Edward Krummel, Perryville, Md. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Sclerosis -	1 yr
Antecedent cause(s)	(b) Arteria Sclerosis -	6 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of nose -	10 yrs

160X

53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1950, to Oct 11, 1950 that I last saw the deceased alive on Oct 10, 1950 and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
O. J. Benson, M.D. Port Deposit, Md. 10-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-14-1950
NAME OF CEMETERY OR CREMATORY Montgomery Chapel
LOCATION (City, town, or county) Claggettsville, Md. (State) Montg. Co.

DATE REC'D BY LOCAL REG. Oct. 13, 1950
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

000W

RECEIVED
OCT 16 1950
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